

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 80508(302721)	
Application Number 10/581,266-Conf. #3158		Filed June 1, 2006	
For SADDLE FOR EXERCISE EQUIPMENT AND EXERCISE EQUIPMENT USING THE SAME			
Art Unit 3764		Examiner O. I. Ginsberg	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 1110.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 53,152

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

<u>/S. Peter Konzell/</u> Signature	<u>July 21, 2011</u> Date
<u>S. Peter Konzell</u> Typed or printed name	<u>(202) 478-7370</u> Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Adjustment date: 08/04/2011 CKHLOK
07/22/2011 INTEFSW 00002655 041105
02 FL:1233 1110.00 CR

10581266

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: July 21, 2011

Electronic Signature for S. Peter Konzell: /S. Peter Konzell/

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: 08/02/11				2 Serial/Patent # 10/581,266												
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT								
	Filing							\$								
	Amendment							\$								
X	Extension of Time			IFW		07/21/11		\$ 1,110.00								
	Notice of Appeal/Appeal							\$								
	Petition							\$								
	Issue							\$								
	Cert of Correction/Terminal Disc.							\$								
	Maintenance							\$								
	Assignment							\$								
	Other							\$								
				7 TOTAL AMOUNT OF REFUND				\$ 1,110.00								
				8 TO BE REFUNDED BY:												
				Treasury Check												
				X Credit Deposit A/C #:												
				9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> </tr> </table>						0	4	--	1	1	0	5
0	4	--	1	1	0	5										
10 REASON:																
	Overpayment															
	Duplicate Payment															
X	No Fee Due (Explanation):															
Outside maximum period obtainable on extension of time																
11 REFUND REQUESTED BY:																
TYPED/PRINTED NAME: Patricia Faison-Ball				TITLE: Attorney												
SIGNATURE: <i>Patricia Faison-Ball</i>				PHONE: 2-3212												
OFFICE: PETITIONS																
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																
APPROVED: <i>[Signature]</i>				DATE: 8/4/11												

1253

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: